

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET  Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>10535225</b>		Filing Date				
							Applicant(s) <b>Ted Marchildon</b>						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		7		1			58						
9		5		1			59						
10		7		1			60						
11		( 1 )		1			61						
12		( 1 )		1			62						
13		( 1 )		1			63						
14	1		1				64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19	1		1				69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3		3		0								
Total Depend	32	↙	16	↙	0	↙							
Total Claims	35		19		0								